



IACP

Indian Association of Chartered Physiotherapists

Life Membership / Professional Membership Form
(Annex this form with Notarized documents mentioned on page 2)

1. Applicant's Name:

[Grid for Applicant's Name]

2. Father's Name:

[Grid for Father's Name]

3. Mother's Name:

[Grid for Mother's Name]



4. Date of Birth:

[Grid for Date of Birth with labels D D M M Y Y Y Y]

5. Mobile Number:

[Grid for Mobile Number]



6. Name of University:

[Grid for Name of University]

7. Year of Admission:

[Grid for Year of Admission]

Year of Passing:

[Grid for Year of Passing]

8. Current Activity:

Service: [] Private Practice: [] Service Abroad: [] Home Visits: []

9. Name & Address of Current setup / organization:

[Grid for Name & Address of Current setup / organization]

10. Mailing Address to receive certificate:

[Grid for Mailing Address to receive certificate]

Pin code:

[Grid for Pin code]

State:

[Text box for State]

11. Email Id:

[Text box for Email Id]

12. Demand Draft Detail:

DD Number:

[Grid for DD Number]

of Bank

[Text box for Bank Name]

Dated:

[Grid for Dated with labels D D M M Y Y]

of Indian Rupees

[Grid for Rupees] /=

I hereby certify that the information given by me about me are TRUE to the best of my knowledge and belief. No information or part of it, is modified or edited or concealed. I know that my Membership can be CANCELLED by the Association at any stage of time if any information is found false. This may invite legal implications.

LM Post 040514

Signature of Candidate

Membership applying for-

	LIFE MEMBERSHIP (lifetime)
	STUDENT MEMBERSHIP (1 year, 3 years, 5 years)
	PROFESSIONAL MEMBERSHIP (2 years, 4 years)

MEMBERSHIP FEE:

LIFE MEMBERSHIP	8,500/=INR
HONORARY MEMBERSHIP	NILL
STUDENT MEMBERSHIP	500/=INR PER YEAR OR 1,100/=INR PER 3 YEARS OR 1,400/=INR PER 5 YEARS
PROFESSIONAL MEMBERSHIP	1,400/=INR PER YEAR OR 2,000/=INR PER 2 YEARS
INSTITUTIONAL MEMBERSHIP	16,000/=INR FOR 2 YEARS OR 29,000/=INR FOR 4 YEARS

CANDIDATES FROM OTHER COUNTRIES HAVE TO PAY THE FEE IN THE CONVERTED CURRENCY.

Instructions

***Indian Association of Chartered Physiotherapists do not honor Correspondence degree or diploma.**

*Kindly Attach Xeroxed copy of all the mark sheets, Internship Certificates, Degree / Diploma, Experience Certificates/ Letters, each of these should be duly NOTRIZED by an Advocate. The photograph pasted on the membership form should be notarized for Photograph attestation.

*An Affidavit on Rs. 50/- (or equivalent) Non judicial stamp paper must be submitted along. (Whose proforma is on page 3).

*The payments of any of the Membership fee will be accepted in the form of Demand Draft (D.D.) only.

*Please send- 2 separate current Passport size colored photographs (Not Attested/ Not Notarized), to be pasted on your certificate & our record; and DD in favor of “ **INDIAN ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS** “ Payable at “ Lucknow “.

PLEASE NOTE that verification of the documents, making certificate and its digitization takes roughly 28-30 days. Means it takes about 30-35 days to send your membership certificate to your mailing address.

Please send all the documents though courier or Speed post at:

“ **Dr. Saeed Ahmad**
Founding President, Indian Association of Chartered Physiotherapists,
D-4, Good Luck Apartment,
Near Leela Hotel, Cantt Road,
Luknow. 226001 (U.P.)
Mobile- 9839070304. “

Proforma of AFFIDAVIT

I _____ name_____ S/o _____ father/mother name_____ a resident of _____ address_____ hereby swear-

1. That the Documents that I have provided (_____documents name_____) with my Application form to IACP are genuine and the information is not altered or modified.
2. That I am willing to be a member of Indian Association of Chartered Physiotherapists (also called IACP).
3. I will not do any activity that will harm/ disrespect/ discourage the image of IACP or can be considered as an Anti-Indian Association of Chartered Physiotherapists activity. Otherwise I know the consequences that my membership will be voided.
4. That I will give my soul best to maintain the status of a Chartered Physiotherapists by swearing that-
5. I will always provide a fair and fine care, treatment, and service to my patients and seekers who are seeking care from me, in the field of physiotherapy.
6. I will maintain the standards that Indian Association of Chartered Physiotherapists (IACP) will provide and award me by being their Member.
7. That I will maintain my sound knowledge in the field of physiotherapy with evolution of time.
8. I will always be active in enhancing my knowledge and my art of curing.
9. I will strive to gain knowledge at every step of my professional practice to provide mark full services to the patients.
10. I will try my level best to involve myself in different activities / courses either online or offline provided by different educational platforms to enhance my knowledge.

Place _____

DEPONENT

Date _____